

**Life Habilitation Unit (LHU)  
Utah State Hospital On-Line Manual**

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**Help**

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**Utah State Hospital LHU (AD4) General Ward Rules**

## ***LHU/Adult IV Manual***




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## ***LHU/Adult IV Manual***

The following is a list of policies for the LHU/Adult IV General Psychiatric Unit. It is hoped that they will help people understand how our unit functions and what is expected of them while they are here. We realize, however, that people are more important than rules - exceptions can and will be made according to individual treatment plans and specific situations.

### **LHU (AD4) General Ward Rules**

#### **I. Ward Schedule**

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- A. The first wake-up call of the day will be at 6:15 a.m. A second wake-up call will be at 7:00 a.m.
- B. Meal times are: Breakfast, 7:30 a.m.; Lunch, 11:30 a.m.; Dinner, 5:30 p.m.
- C. Bed time, quiet time, or lights out could be as soon as after evening medications or no later than after the evening news (about 10:30 p.m.).
- D. Late night is allowed on weekends and holidays. On these nights, bedtime may be as late as 2:00 a.m.
- E. All patients are expected to attend three recreation activities a week, unit meetings, group therapy, and other treatments as directed.

### **LHU (AD4) General Ward Rules**

#### **II. General Rules**

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- A. No physical abuse of self, others, or ward property will be tolerated. No threatening behavior or abusive language is allowed.
- B. Sexual involvement with patients is **NOT** allowed. Pornographic materials may not be kept on the ward.
- C. No borrowing, lending, selling, or giving away of property to other patients or staff unless approved by treatment team (this includes cigarettes).
- D. As LHU/Adult 4 is an integrated male/female unit, dress and appearance must be modest and clean. Attire considered inappropriate include: Tee shirts with inappropriate messages; Spandex pants; halter or tank tops; tube tops; immodest shirts, blouses, skirts, and shorts; or clothing which reveals a bare midriff. Shorts are to be no shorter than mid-thigh. (Exceptions are made for exercise/approved activities.)
- E. Patients are **NOT** allowed in the aides office unless invited for a specific reason.
- F. Patients may carry up to **\$10.00**. A locked money box is available to get needed funds during the week. Money box is held on Mondays and Fridays.
- G. Personal possessions should be kept in a **locked** locker at all times. This includes toiletries, radios, valuables, etc. If you are cleared for a lighter, **it must be turned in** at the tech's station at the end of your pass each day. Anything in an aerosol can or glass container that contains alcohol or that is considered a sharp are not permitted in dressers or lockers and must be kept in the tech's office.

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- H. Phone calls on the pay phone will be from 9:00 a.m. to 10:00 p.m. and should be limited in time so as to not interfere with others usage of the phone. Long distance calls are limited to 5 minutes, 3 times a week as staff can supervise.
- I. Visiting hours are from 9:00 a.m. to 9:00 p.m. See attached sheet for visiting structure.
- J. Males **are not** allowed to be on the female (west) hall unless escorted by a tech. Females **are not** allowed to be on the male (east) hall unless escorted by a tech.
- K. No aluminum cans are allowed on the ward.
- L. Coffee Shop is open once a day. Patient may purchase pop from machines off the unit during Coffee Shop time and once during day shift. Personal snacks will be handed out at time of soda runs.

### **LHU (AD4) General Ward Rules**

#### **III. Health and Sanitary Rules**

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All patients are expected to:

- A. Brush their teeth daily. Daily baths, with one excused on weekend.
- B. Keep hair clean and groomed (beards included).
- C. Keep clothes clean, neat and mended. Laundry should be done a minimum of once a week.
- D. Wash hands after using the rest room and before meals.
- E. Assure personal areas of their room are clean and orderly, including locker, dresser, and bed area--see pass structure.
- F. Bedding and linen must be changed every Tuesday.
- G. Night clothes **must be worn** for sleeping.

### **LHU (AD4) General Ward Rules**

#### **IV. Patient Requests**

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The following is how patient requests are handled:

- A. Obtain a patient request form from boxes in day room or tech's office.
- B. Fill out form stating your request.
- C. Place request in the appropriate team box located in the day room.
- D. Requests are read once a week. Check with your treatment coordinator.
- E. Community meetings will be held Tuesday and Thursday at 8 a.m. in the day room, also Saturday at 6 p.m. in the day room.

### **LHU (AD4) General Ward Rules**

#### **V. Visiting**

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- A. It is felt that throughout the course of treatment, patients should be allowed to visit family and friends as long as it does not interfere with treatment and does help one prepare or more readily adjust to life within the community.
- B. Patients may be visited between 9:00 a.m. and 9:00 p.m. on a daily basis.
- C. Visitors will be required to bring a complete visiting slip obtained from the

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- switchboard to the unit as they request the visit. They will be allowed to visit in the visiting room for a reasonable period of time.
- D. Visits should be made as to not interfere with activities, groups, meetings, or other therapies patients are involved in. It is the visitor's and patient's responsibility to find out the individual times a patient will be available for a visit.
  - E. Any time the staff feels a visit is not therapeutic or poses a safety risk, then the visit will be terminated.
  - F. All possessions brought to a patient will first be given to a staff member for inventory. Parcels will be subject to search when brought to the unit.
  - G. Visitors are encouraged to leave unnecessary items home and may be asked to restrict what is brought to the unit.
  - H. Glass items will not be allowed on the unit for safety reasons.
  - I. Patients who are in seclusion or restraints will not be allowed to have visitors because the psychological state presumptive to the use of these restrictions is such that they constitute a danger to either themselves, the visitors, or accompanying staff.
  - J. Supervised visits shall be limited to a maximum of one hour in duration per shift. If the patient leaves the visit prior to this hour, the visit may be terminated.
  - K. All visitors must stay in the visiting room and are not allowed on the ward because of confidentiality.
  - L. Other patients must stay out of visiting room unless cleared by staff.
  - M. No open containers of food to be brought in by visitors.
  - N. Children under age 4 are not allowed on unit.

## **LHU (AD4) General Ward Rules**

### **VI . Smoking Policy**

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- A. The courtyard will be open every other hour on the odd hours for the patients to smoke (7:00 a.m. - 9:00 p.m.). Courtyard to be supervised.
- B. Security concerns take priority over smoke time. Therefore, the courtyard might not be open for smoking if staff coverage does not allow, if it is after dark, or when the climate of the ward presents significant risk. Any decision to close the courtyard is to be made by the shift RN, in consultation with other staff members on shift.
- C. Patients will be allowed to smoke when they are using passes which allow them to go out on hospital grounds.
- D. Patients may be allowed to smoke on outdoor activities at the discretion of staff members in charge of the activity.
- E. Patients will obtain their cigarettes from the office as needed. Patients will not be allowed to keep cigarettes on their person. See exceptions for pass holders.
- F. The privilege to carry cigarettes and lighter on pass/activities will be cleared on an individual basis by staff. Red pass holders can carry smokes from 7 a.m. - 5 p.m. Blue pass holders can carry smokes from 7 a.m. - 6:30 p.m. Green pass holders can carry smokes from 7 a.m. - 9

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- p.m.
- G. Patient will be given one cigarette per time that the courtyard is opened.
  - H. All lighters must be checked in and out of the office each time the patient used a pass and plans to smoke. Pass holders must check lighters in and out each day. Only hospital issues may be used. No lighters may be purchased.

## **LHU (AD4) General Ward Rules**

### **VII. Level System & Patient Pass Privileges**

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#### **A. Level System:**

In the event a pass holder becomes unsuccessful in meeting treatment plan objectives and program expectations, their status will be dropped one level lower. They will remain at this level for a minimum of 2 weeks. Any violent or AWOL behavior will automatically result in a status change to Level I for a minimum of 30 days.

##### **Level I - Assessment Status**

Confined to unit unless escorted and/or supervised by staff. All patients admitted will be on this level for 1 week prior to eligibility to Level II. (Patients transferred from other USH units may be assessed at time of transfer for level assignment.) Patients on this level will be assessed by Occupational Therapy for participation in ADL Program. The Level I system is as follows:

1. One to one
2. On unit
3. Cafeteria
4. On grounds
5. Off grounds

##### **Level II - Red Pass**

Issued magnetic card to use pass on grounds only. Open door status, 8:30 a.m. to 5:00 p.m. Must be with at least 1 other patient. Must eat meals with unit.

##### **Individual Expectations:**

1. Successfully meeting individual treatment plan objectives specifically related to:
  - a. Medications
  - b. ADL's (personal hygiene, laundry, personal area, etc.)
  - c. No danger to self or others
  - d. Actively involved in offered therapies (individual, group, O.T., and rec.)
  - e. Actively involved with either Club House, school, or an industrial.

##### **Level III - Blue Pass**

Issued magnetic card to use pass on grounds only. Open door status,

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7:30 a.m. to 6:30 p.m. (hours may extend during summer). May eat meals off unit. 100% compliance for at least 30 days at Level II.

### Expectations:

1. Setting up own med box
2. Responsible for self (without prompts) in the following areas:
  - a. Taking medications on time
  - b. Waking up, showering, dressing, etc.
  - c. Arriving on time at daily responsibilities and appointments and completing them.
  - d. Maintaining an updated schedule of planned activities
3. Continue all expectations of Level II
4. Be assessed by Voc Rehab - testing

### **X Level IV - Green Pass**

Eligible to leave grounds between 7:00 a.m. to 9 p.m. after completing daily programming requirements. May have employment or education opportunities in the community. Successful at Level III for at least 4 weeks.

### Expectations:

1. Actively engaged in discharge plan
2. Continue all expectations of Level III

### **B. Additional Notes**

1. Patients are required to wear their passes while off the unit and on hospital grounds.
2. Home visits will be possible at staff's discretion after the patient has attained a minimum level of 5-E.
3. Levels listed are the maximum level of activity allowed for that patient. Each shift has the responsibility to assess the patient's current level of functioning and is to determine the patient's level for that shift.
4. If an AWOL attempt occurs, the AWOL structure is enforced. This automatically places the patient on a level B until the clinical team meets and adjusts the patient's level. Their security level is determined by their condition at the time.
5. Passes are not to be used during activities or groups that the patient is scheduled to attend.
6. Pass holder's personal area must be clean prior to the use of the pass.

## **SERVICE AREA PROFILE**

### LHU MISSION STATEMENT

The mission of the Life Habilitation Unit is to provide a nurturing environment wherein the patients are helped to acquire the skills necessary to provide for basic needs and to realize their full individual potential. the effective use of hospital and community-based resources for successful living outside the USH environment will be the primary focus of all

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interventions.

the guiding principles of the overall program are as follows:

1. Quality patient care will be achieved through dedicated services.
2. Each individual has a right to personal dignity and to best efforts of staff to assist him or her in personal growth.
3. We will respect individual differences and will assist each person to develop their own approach to life and formulate a way to live successfully in the community.
4. Empathetic guidance and the effective use of therapeutic skills as well as the development and use of applicable community and hospital-based resources are essential for personal growth.
5. The focus of ICTP's formulated through the cooperation of staff and patients will be on preparation for life in the community. To achieve this goal, we will involve the family, the referring mental health centers and other community-based supports as needed to ensure an effective transition to community care.
6. All available and appropriate treatment modalities will be used to benefit our patients.
7. We believe that cooperation on all levels is the key to success.
8. Patient, family, community involvement are essential to successful treatment.
9. Staff will pursue continuing education to maintain professional excellence.
10. Discharge planning starts at admission and continues with follow-up evaluations in the community.

### **LHU PHILOSOPHY STATEMENT**



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As a team of health care professionals, we are committed in providing a nurturing environment that is supportive and progressive in the amount of freedom, coupled with the responsibility that will ultimately provide an avenue of transition from USH into the community utilizing all available resources. Our focus needs to be multi-disciplinary interfaced with Adult Services, Excel, Vocational Rehabilitation, and the mental health centers. Our approach to patient care is viewed as holistic. In order to ensure successful treatment there must be total involvement from patient, family, community, and staff. We believe teaching life skills are critical to the patient's mental health adjustment to community living.

### **LHU VISION STATEMENT**

The vision of the LHU is to teach life skills to patients with support and a progressive amount of freedom, coupled with responsibility, in order to best approximate and ease the transition to living in the community at large.

### **LHU PROGRAM OVERVIEW**

#### ***Patient Description:***

Individuals with long-term, severe, and debilitating mental illness are the focus of the Life Habilitation Unit. These individuals have multiple, unsuccessful residential placements resulting in frequent re-admissions to state institutions and private psychiatric treatment units. Patterns of non-compliance with outpatient programs and medication regimens, as well as return to high personal risk behaviors are common for this population. Traditionally, the focus of treatment has been on acute symptomatology. The necessary self-care skills, relationship building and maintenance skills, and coping skills have not been addressed as treatment issues. These are individuals with psycho-social deficits resulting from impaired thought-processing ability. This chronic handicap impacts their ability for success in non-structured settings.

patient admitted to the LHU have had frequent failures grasping and understanding social interaction processes. This impaired ability to interact causes the person to withdraw, or to alienate, or both.

LHU provides a supportive and caring interpersonal network in which to rehearse new, appropriate responses to old situations, i.e. taking the bus, ordering dinner from a menu, saying no, attending to personal needs, etc. The program objective is to enable the patient to develop the ability to live in the community with some assistance, guidance, and support.

#### **Program Description:**

The 32 bed inpatient Life Habilitation Unit accepts patients who are diagnosed with a major psychiatric illness of longstanding nature. These individuals

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have a history of numerous unsuccessful placements in the community that have resulted in repeated hospitalizations. The LHU is a 24 hour, seven day a week program that provides life habilitation services to the mentally ill population. The unit provides services to all the mental health centers of Utah.

The focus of the unit will be to provide the patients, under the supervision of the LHU staff, the opportunity to acquire the skills needed to promote independence and improve their quality of life that will decrease or eliminate the likelihood of re-admission. The patients will be expected to take an active role in their individual treatment plan through goal setting and daily planning. The community mental health centers, through existing community resources, will assist in the continuity of care for this otherwise high risk patient.

### **Program Goals:**

The goals of the LHU program are to reduce recidivism of patients, and provide the patients with the opportunity to have a positive outcome by increasing that amount of time that the patients are able to reside in the community between hospitalizations. A major emphasis will be placed on providing the skills needed to increase their ability to function in the community. This will be reflected in development and implementation of the ICTP.

## **CLINICAL & GENERAL CRITERIA FOR ADMISSION**

### **LHU Admission Criteria**

Referrals must have a primary diagnosis of a chronic, major psychiatric illness. A referral with a secondary diagnosis of organicity, substance abuse, or an Axis II diagnosis will be evaluated. the question to be considered is: To what extent is the patient able to participate in the program? The focus of habilitation is to work with patients whose consistent or negative symptoms of mental illness impede or block the ability to function appropriately in the community.

Typical negative or deficit symptoms are any of the following:

- \* emotional withdrawal
- \* social withdrawal
- \* decreased spontaneity
- \* reduction in curiosity and ideation
- \* impaired social judgment
- \* treatment ambivalence
- \* absence of energy
- \* deficits in attentional functioning
- \* deficits in information processing
- \* difficulty in coping with change
- \* ineffective social coping strategies for the purpose of meeting needs
- \* lacking successful adulthood life experiences

### **Admission Criteria:**

1. Violence free the last 60 days.

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2. The patient is not an immediate suicide/AWOL risk.
3. The patient is able to cognitively benefit from an intense educational/experiential programming.
4. The patient is a candidate/potential for vocational and occupational therapy.
5. The patient has been/potential caught in the revolving door syndrome.
6. In addition to their mental illness, there is serious impairment in at least two of the following areas: social, occupational, recreational, activities of daily living, community living skills.

As stated above, the LHU serves patients who are diagnosed with a major psychiatric illness of longstanding nature. There should be reason to believe that the person will demonstrate improvement in the LHU setting. In order to participate in habilitation skills training, it is necessary that the person will be assessed to be medically and behaviorally stable.

In some cases, exceptions may be made to the above criteria. These exceptions typically involve patients that may have exhibited some of the above behaviors, usually in the past. The determining factor revolves around whether the behavior in question is active for the patient. In cases where the patient might not clearly meet the admission criteria, the LHU team reserves the right to place the patient in a "transitional" program to further assess appropriateness prior to admission. Prior to admittance to the LHU the patient will review and sign a "patient contract of agreement". Patients refusing to participate in the LHU program are not candidates. Ambivalent patients may be quite suitable.

In order to provide an environment that would allow for a more in-depth evaluation of a patient's potential placement in the LHU, the concept of day treatment would be considered. The Day Treatment Program would allow a patient to participate in the LHU program from 0800 until 1100 Monday through Friday.

### **STAFFING PROFILE**

- \* 1 AD - Licensed clinical social worker
- \* 1 UND - RN
- \* 1 MD - Clinical Director

These three make service management team. This SMI meets weekly to discuss administrative and programming and clinical risk management issues. They have regularly scheduled meetings and will assemble as needed.

- \* 3 Social Workers with patient census split between them
- \* 6 RNs
- \* 3 LPNs
- \* 24 psych techs
- \* 1 Family nurse practitioner
- \* 2 Trecreational therapists
- \* 1 Secretary
- \* 1 Unit clerk
- \* 1 Environmentalist

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- \* 1 Certified Occupational therapist aide

Ancillary/consulting team members include:

- \* Clinical nurse specialist
- \* Dietitian
- \* Physical therapist
- \* Psychologist
- \* Occupational therapist
- \* Vocational rehabilitator

### **TEAM MEMBER ROLES**

**Team Leader:** The team leader is the coordinator of all team functions. They are not accountable for the responsibilities of the other team members, but help to facilitate the team process. This role may be rotated amongst the team members as decided by the team. It is suggested that the position rotate every 3 to 6 months. Clinically the psychiatrist is the team leader. Yet, there are many functional components to the team project that need to occur. These include, but are not limited to: coordinating team meeting schedules; chairing team meetings; coordinate admission and discharges with the psychiatrist, ADT, and the rest of the team; communicates team issues with team members; follow-up with clinical staffing and coordinates the ICTP (this does not mean that they write the ICTP and insures that team responsibilities are assigned to the different team members. This may seem at first to be similar to that of the treatment coordinator position as we have known it. This is a "team coordinator" position - not a treatment coordinator. the "TEAM" is the treatment coordinator - as a group. The team leader also is responsible to insure that documentation for the team is completed, i.e. the last page of the discharge summary.

**Psych Tech:** The psych tech has a vital role in the functioning of the team. Under the supervision of the RN, assist the patient in the following: a) patient advocate on the unit; b) monitor ADL care for the patient; c) assist with internal transportation needs; d) assist patient to follow daily programming team folders; e) monitoring of patients personal needs, i.e. daily finance needs, clothing needs, etc.; f) inservices during change of shift that focus on case presentations of patients for non-team members; and many other responsibilities as described by the team. Besides the regular duties of coverage for their area, the tech is an extremely important part of the treatment team.

**Psychiatrist:** Clinical team leader, accountable for the treatment of the patients.

**Social Worker:** The social workers play a vital role as a liaison for the patient between the treatment team and the patient's family and the community resources. It is important that patient contact be made twice a day by the social worker to provide the patients with the opportunity to interact, assess, and evaluate their needs and concerns. The social worker, as does every member of the team, have responsibility to complete documentation that is specific to their discipline, i.e. the social history,

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group notes, weekly and monthly progress notes, etc. They play a key role as the consultant to the team regarding social work issues and provide treatment for the patient as indicated by the ICTP.

**Registered Nurse:** The nurse is responsible to complete the necessary documentation as outlined in the Patient Management Manual and is responsible to monitor the day-to-day programming of the patients as the supervisor of the shift. They are accountable for making sure the medical care of the patients from their team are addressed appropriately and provide treatment/nursing education groups as indicated by the ICTP.

**Licensed Practical Nurse:** Under the supervision of the RN, the LPN is responsible for the preparation and administration of the medications of the patients. The LPN is a vital resource to the team in providing current information in re: medication compliance and current medication status.

**Recreational Therapist:** The recreational therapist is responsible for the documentation as required by their discipline. They offer unit wide, treatment team, and individual recreational services. They will also provide leisure experiences to help the transitional patient learn how to: manage stress, strengthen interpersonal skills, develop healthy coping techniques, promote greater self-reliance, build confidence and enrich the quality of life.

**Consultants/Others:** Consultants serve as a resource to the team for information and treatment. Though they may not be assigned to a team, they can assist the team in the planning, implementation, and evaluation of treatment for the patients in relation to their specialty area. These consultants include: Occupational Therapy, Psychology Services; Vocational Rehab, Dietary Services, Adult Education, Med Ancillary Services, and Physical Therapy.

### **TEAM FUNCTIONAL GUIDELINES**

1. The team will meet on a regular basis to discuss the progress of the patients, review treatment plans, make necessary revision in treatment, do discharge planning, review staff assignments, etc., (see responsibilities). The frequency of team meetings will be once weekly minimal, but may be as frequently as feasible for the team.
2. The structure of the team meetings will be determined by the teams themselves, based on the input from the doctors and others assigned to each team. Due to the diversity of personalities and styles, we will leave a lot of the planning to each individual team. As a team project for the LHU - Speciality Services, there are some basic expectations and suggestions that we make for the teams to consider. These will be suggested throughout this paper. Some examples of creative ideas would be to meet with patients as a whole two or three times a week to review progress; invite patients into team meetings individually as concerns are raised or positive feedback is needed; team parties to build relationships with patients and staff; inviting community mental health centers/liaisons and ADT to meetings to better coordinate continuity of

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- care issues; invite family members in to meet treatment team and be a part of the treatment process, etc.
3. Admissions: Within eight hours of admission, the team leader will coordinate a meeting with the psychiatrist and then call the other members together for a joint assessment/interview process. This will allow the patient to meet his/her team members and allow the team to gather information for their respective assessments without having to interview the patient multiple times. This also gives everyone a chance to begin processing the tentative treatment plan until the first clinical in which the same team will develop an ICTP. Other issues that may be addressed are: clothing needs, financial needs, hygiene needs, visiting list approval, etc. This will help the patient make the transition onto the unit more smoothly and with less anxiety. The meeting may be continued the next day, if time is a factor or the patient is unable to deal with a structured meeting setting.
  4. Communication Notebooks: These are developed to improve communication between the team members and the Service Management Team (SMT). There is one notebook for each team. They can have multiple sections depending on the needs identified by the staff. It is suggested they include a section for: a) the Cardex; b) communication for team members; c) a description of the team project; d) the group/therapy/programming assignments for the patients, i.e. communication to be sent to the SMT; e) problem summation of the patient's ICTP. Other sections may be included as deemed necessary. These would be utilized for team report in the staff meetings, change of shift (COS) team meetings, clinicals, etc. They won't work unless they are used.
  5. Orientation of the patient: this is done by one of the team members (suggested role of the psych tech) and possibly a "buddy" from the team or another area in the hospital. A "buddy" is a patient within the hospital who has been here for a while and/or is preparing to transition out of the hospital. This program still needs to be developed.
  6. Regularly scheduled team meetings: It is important to indicate that team meetings are something that the teams need to discuss and plan them in a way that will meet the needs of the patients and team members. Creativity is encouraged and each team has the autonomy to develop procedures that feel comfortable for them. We will define minimum expectations for the teams and then give suggestions as ideas to build upon.

It is expected that the teams will meet together at least once weekly during afternoon COS. This is the time in which ALL team members may be present. Meetings will thus be scheduled to accommodate the days off of all the team members. Actual schedules will be posted so that all teams know when these particular meetings are scheduled.

Morning report or staff meeting will begin at 0900. Report for all three teams will be held jointly so the doctor can receive report and give input.

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### **1. Wake Up Time**

Waking up the patient is critical to individual treatments and the overall treatment philosophy. Whenever possible, a patient is encouraged to use an alarm clock which they would set the night before and then wake up to that alarm, i.e. being responsible for themselves. If a patient is unable to use an alarm clock, they will be awakened at 6:30 am - - lights will be turned on.

### **2. Coffee in the Morning**

Coffee will be started by the midnight shift at approximately 6 a.m. The coffee will be ready by 6:30 a.m. Patients are welcome to wake up, get a cup of coffee, complete their ADL's and then get another cup of coffee before they go to breakfast. In the event the coffee is abused, that individual's structures, limitations, etc. may be set up.

### **3. Bedtime Hours**

Sunday - Thursday night patients are encouraged to go to bed around 11:00p.m. No patient will be forced to go to bed. If a patient wishes to stay up past 10:00 p.m., they are certainly welcome to do so. It should be noted in their chart as to how late they are staying up past that time, given that insomnia sleep disturbance is a component of many major mental illnesses. Patients should have some assistance in keeping the volume on the TV or radio that they might be using at a minimum. Friday and Saturday nights, as well as holiday nights, are considered late nights and patients are welcome to stay up until 1:00 a.m. watching videos or movies on TV or engaged in other activities and then encouraged to go to bed thereafter.

### **4. Purchase of Soda Pop**

Soda pop machines shall be maintained on the unit. There will be available for purchase carbonated beverages with or without caffeine. Patients are asked not to purchase these carbonated drinks after 9:30 p.m. on weekdays and 12:00 a.m. on weekends. In the event an individual abuses the convenience of having soda pop machines on the unit, an individual structure with restrictions may be written for that person.

### **5. Med Watch**

The concern when a patient is placed on med watch is that intentionally or unintentionally the medication may be exited their body prior to being able to be metabolized. After patient takes his/her medications, they sit in the middle day room (right around the corner from med room) in full view of staff for 30 minutes. Staff are to watch patient, making sure they do not dispose of their meds (throwing them in the trash, vomiting in the trash can, etc.). There is a list of people on med watch posted on a white board on the inside wall of the med room. Staff assigned to the

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watch if someone is not assigned to an area can be the designated person to perform the med watch. In the event the patient needs to use the restroom, they need to be on a 1:1 to the restroom and direct observation.

6. Med Backup

Assigned psych tech stands at med door during the passing of medications, Pours water/juice in med cups after patient has put their med in their mouths. Assists the nurse in checking patients mouths/hands/floor, etc. to make sure patient has swallowed their meds. Tech also finds out from nurse who still needs to get their meds and ask hall techs to assist in finding those patients or the nurse will use the intercom to summon the patient.

7. Visitation

LHU maintains a liberal visiting policy. Family members and friends are welcome to visit from 9:00 a.m. until approximately 9:00 p.m. Visitation should take place in the visiting room on the west hall. Patients may visit without supervision. If a patient has a physician's order written, there may need to be supervision for visits at that time there is direct observation assessment for the duration of the visit. If in the event a patient has a red, blue, or green pass, they may visit with family members on grounds unless otherwise restricted by a physician's order. Visitors follow the normal hospital policy, i.e. checking in with the switchboard and then the switchboard calling the unit to alert that a visitor is here.

8. Patient Signing In and Out on the Use of Their Pass

When a patient uses his or her pass, they are to sign the sign in book which is located on the top of the desk at the nurses' station. They are to identify what time they are leaving, what time they plan on being back, what their destination is, and make a note of the color of the clothing they are wearing. Staff will initial the sign out sheet after observing the patient leaving through the electronic door.

9. Clinical Schedule

Clinicals, i.e. ICTP formation and 30-day reviews are to be scheduled the week prior to their occurrence. Most generally these meetings will be held on Tuesday. They shall involve a nurse, a rec therapist, a physician, and any other treatment team members that are able to attend. The clinical list with specific patients and their times will be posted in the secretary's office as well as the unit clerk's office.

10. Patient Staff Ratio For On Grounds and Off Grounds Activities

On grounds, the ratio shall be no more than five patients per staff, except in the event if a patient has a blue or green pass, that ratio of five



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to one may increase. The rationale here is that people with that color passes are used to escorting themselves at will. Off grounds, the ratio drops to four to one as general policy; however, recreational therapy department assesses every patient and may have specific recommendations for a higher staffing on an individual patient or specific events, i.e. movies may necessitate a higher staff ratio and this should be left to nurse's discretion and whenever possible with RT recommendations.

11. Pink Slips

Pink slips are information gathered on a particular patient that may be exhibiting some sort of behavioral problems. These problems are usually in the nature of violating some unit rule or policy, i.e. borrowing or lending smokes, being out on their pass longer than what they signed out for, etc. These are not part of the clinical record, but rather somewhat of an administrative tool to alert the clinical team as to if a patient is in violation of unit policy. These pink slips can be filled by anyone working on the unit and should be returned to the RN as soon as possible and they will then be given to the patient's social worker and/or entire clinical team.

12. IIT (Intense Individual Treatment) Program (Folder Program)

Some patients on LHU will have a folder made up containing a menu of possible activities that the patient would enjoy doing. These activities should be either 1:1 or perhaps up to 3:1 ratio with staff. The purpose of these activities is to give the patient alternatives, choices, options both on and off the unit. The activities may involve a walk, a trip downtown, some sort of physical exercise, virtually anything the patient may enjoy doing that could be seen as therapeutic. The intent is that any staff member, when they have a little bit of free time that is not assigned to a specific duty, can pick any patient's folder on the unit and see what type of activities they enjoy and then go to that patient and suggest that they engage in "a folder program". Smoking is not allowed during these activities.

13. Aquarium Policy

The aquarium is to be maintained by one or two designated staff. The people chosen to take care of the aquarium will have the responsibility to set the rules as to when the fish will be fed and who will feed them, etc. They will maintain overall responsibility for the well-being of the aquarium.

14. Patient Structure Book

A book that will be identified as patient structure book will be maintained and kept at the tech station. In this book will be any and all structures that patient on the unit might have. A structure is basically a behavioral

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therapeutic intervention program specified for a particular patient. It is expected that all staff working on the unit will be familiar with any particular structure a patient may have. Copies of all structures are also found in Cardex and in patient's chart under treatment plan section.

15. Community Meetings

Community meetings are held three times a week. The times are 8:30 a.m. on Monday and Wednesday and then 7:00 p.m. on Friday. It is expected all staff working on the unit at those particular times will be in attendance at these meetings. Community refers to both the patients and the staff.

16. Patient's Phone Calls

Patients have rather liberal access to the two pay phones on the unit unless there is a specific doctor's order prohibiting the use of these phones. In the event a patient needs assistance in making a call, i.e. long distance for financial or other reasons, they will be offered three calls a week for approximately five minutes in duration during waking hours.

17. Loaning, Borrowing, and Stealing

It is the policy of LHU that personal belongings of a patient are not to be stolen, loaned, or sold. Oftentimes a patient may loan another patient something out of kindness, however, all too often an individual can be exploited. Therefore, the policy is that there will be no selling, loaning, or stealing. Consequences will vary, depending on the patient and the event that these type of things occur. It is expected that the staff would confiscate whatever the item may be and that it would be written up on a pink slip and reported to the clinical/administrative team as soon as possible.

18. Check in Procedures for Patients Returning From Home Visits/Trial Visits

Patients returning from these type of visits will subject their material belongings to an inventory similar to the inventory when they were first admitted on the unit. The reasons for this are varied to maintain safety and security as well as to give some assurance and accountability that patient's items will not be stolen or lost. The comprehensiveness of searches will be determined on a case-by-case basis. Physical search of patient is done under MD orders.

19. Weedend Sleep in Policy

Patients are allowed to sleep in until 8:30 a.m. on Saturday and Sunday. At that time it is expected that all patients will be up. Obviously they have the choice to refuse breakfast and they may return to bed, but they need to at least be up at 8:30 a.m. Saturday and Sunday to get their

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medications.

20. Meal Policy (winter time)  
Patients shall eat meals in the Hyde/Rampton Cafeteria as follows: Breakfast at 7:30 a.m. and dinner at 5:45. Lunch will be served in the Rampton Cafeteria. This policy is subject to change in the summer. When the weather is nice and there are fewer obstacles the unit will be eating in the Rampton Cafeteria.
21. Music Turned Off in the Evening  
From 8:00 p.m. on, music shall be turned down to where it is not too loud and then it is expected that all music will be turned off no later than 10:00 p.m.
22. Day Rooms Being Locked  
LHU has three day rooms - east, south, west. The east and west day rooms shall be locked at 10:00 p.m. (1:00a.m. on late nights) and opened again at 7:00 a.m. Patients shall have access to the center day room 24 hours a day. The east and west hall day rooms are open until midnight on late nights.
23. Access to Bath and Shower Rooms  
Patients shall have access to the bathrooms on LHU 24 hours a day. The policy regarding showering shall be no showering between 10:00 p.m. and 5:30 a.m.
24. Assignment Sheets  
The oncoming RN fills out the assignment sheet for psych techs during change of shift. They make adjustments as needed for DOS, 1:1 watches, escorting patients to medical appointments, etc. The RN goes over list of patients to make sure all of the patients are present so that charting can be completed. The RN or designee makes copies and distributes to staff. The RN on shift gets an assignment sheet ready for the oncoming RN to complete. This includes the names of the oncoming staff, any runs or extra watches that need to be covered.
25. Coffee Shop  
9:00-9:15 p.m. 7 days a week. Only two items are allowed to be purchased. Staff assigned to open and run the Coffee Shop are to get the keys from RN right before opening the Coffee Shop. The keys open the candy cupboard and refrigerator. No cash is to be accepted. Coffee Shop cards can be purchased from the RN in any amount. The money from these purchases is kept locked up at all times. Staff are to return the keys immediately to RN after closing the Coffee Shop.
26. Snacks

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There are two snack times on day shift - 10:00 a.m. and 2:00 p.m. These snack times are for snacks set up by the dietitian. Other patients may have their own personal food items during these times.

Snacks at 4:00 p.m. - Patients are allowed access to their own personal items that are locked up in the kitchen or personal lockers. These items would include: soda pop, chips, candy. No cooking of meals at this time.

Snacks at 8:00 p.m. - A unit snack is provided by the hospital. A tech is assigned to pass them out from the kitchen. Certain patients who have special diets are given a snack in a sack that was specially prepared by the cafeteria with their name on it.

Discretion is used if they are not eating their meals or if it is close to meal time.

### 27. Sharps

The sharps are located in a locked cabinet directly behind the tech desk. Sharps are to be counted twice per shift (at the beginning and end of each shift). Sharps are to be counted by two people at the same time (one from the current shift and one from the oncoming) to make sure that all items are accounted for. If there is any discrepancy, it can usually be solved quickly with the two members of each shift present. A log is kept of all the counts with staff signing after they have completed the count. If any items are missing, the RN is to be notified immediately.

### 28. Religious Meetings Sign Up

Information and sign-up sheet on patient bulletin board.

### 29. ???????????/

### 30. Clothing Acquisition

There is a clothing center form that may be obtained in the filing cabinet at the tech station. If a patient wants to go to the clothing store any staff member can help the patient go through their belongings and assess their need for clothing. This must be done because many patients have delusions having to do with self image or dress and others simply would rather go to the clothing store than do laundry. Any staff member can then fill out the clothing center slip and turn it into the environmentalist to sign. Once it is signed any staff member can take the patient to the clothing center.

### 31. Work orders

If a staff notices something that needs to be fixed it is each of our jobs to report the problem, however, the maintenance department has asked that the units assign one person on each unit to put in the work orders so they do not get 10 e-mails on the same problem. Work orders are handled according to their urgency they are not always handled

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immediately unless the problem warrents it. The unit staff should e-mail the environmentalist any concerns or problems that need to be handled by the maintenance department and the unit environmentalist will e-mail the maintenance department (e-mail do not simply ask the environmentalist as they are human and may forget). If the unit invironmental is on vacation or absent e-mail the unit AD or UND.

### **32. Pop Cans and Food in Rooms**

Pop cans in patient rooms are absolutely forbidden at any time for safety reasons. Concerning food in general:

- a. Meals are to be eaten in the unit kitchen only.
- b. Candy such as gum, hard tack, taffy, or any basic candy that will not go rotten may be allowed in the patient's room, but only if the patient is responsible enough to not leave wrappers all over the place.
- c. Any food that has a shelf life or will go rotten must be kept in the patient personal drawer in the storage room on the west hall and is to be eaten in the cafeteria. It is important to use common sense when enforcing these rules because we are dealing with adult patients who have rights and yet we also have a duty to keep a clean, safe environment.
- d. Drinks may be kept in a room if they are in a cup, however, patients are not to save cups that are left full.

### **33. Patient Shopping Money**

All patient shopping money should be order at least one day in advance and can never be ordered for a Tuesday unless it is ordered on the previous Friday. A slip must be obtained by the unit staff responsible for the shopping trip it must be filled out properly by the unit staff and all receipts should be stapled to it and returned to the unit environmentalist. Staff should never under any circumstance allow the patient in their trust to purchase them lunch or buy them any gifts, no matter how small.

### **34. Unit Kitchen Use**

The unit kitchen is to be used for unit purposes only. No staff food items should be kept in the unit kitchen for any reason---this includes any type of drink. If a staff member holds a patient group in the kitchen or has any food or snack item during that group, they are responsible for making sure the kitchen is left clean and that all dishes are done. Any food or drink item placed in the patient refrigerators should be covered, labeled, and dated. Clean is not a standard set by individual preference here at the hospital, it is a standard set by the hospital. Below is a brief description of what clean should be:

- a. All surfaces in the kitchen are to be cleaned and disinfected daily with A33 and again after each use of that area.
- b. There should be no dust or dirt. This includes the tops of counters,

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- cabinets, refrigerators, within all cupboards and refrigerators on or under all tables or on any floor surface.
- c. Food is to be labeled properly and properly stored.
- d. Leftover food from meals is not to be kept in the refrigerator or in the cupboards--it is to be returned by each shift responsible for that meal to the cafeteria. If the meal was made on the unit, it is to be thrown out when the meal is over.
- e. Garbages should be emptied twice per shift.
- f. The microwave should be cleaned daily and the stove monthly.
- g. Handles, doorknobs, etc, should also be disinfected daily with A33.
- h. Snacks and bread items should be stored in a closed area, not left out in various places around the kitchen.
- i. When meals are served on unit, the trays/pans/etc. are to be taken back upstairs the same shift the meal was served.

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<sup>1</sup>Under the **Table of Contents** section of this On-Line Manual, there are a series of [jump links \(in this color\)](#) for each heading. By double-clicking your mouse button on a link, it can immediately transfer you to that heading. Links are identified with the symbol when placed over text. They work much like a footnote. (To go to the Table of Contents section immediately, double click here).

A quick reference and more detailed table of contents can be viewed by selecting "Table of Contents" under the view menu. Double-clicking on one of these items will transfer you to that area.

To find specific words, phrases or records, press the F2 and type in the word or phrase you are looking for. Use the AND, OR, NOT, XOR operators for more advanced searches. For more information on how to use these operators, press F1 (the help menu) then F2 (to query) then type in "boolean operators" (include quotes) and follow directions.

<sup>2</sup>This manual was completed and placed on-line 02/27/96 . It will be updated as required.